MISCELLANEOUS TEXT (FEC Form 99)

Freedom Committee, United States of America

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IDENTIFICATION NUMBER: C00547984
REFERENCE: 104.5(a). Quarterly Reports

To: FEDERAL ELECTION COMMISSION, WASHINGTON, D.C. 20463

Dear: Federal Election Committee,

While serving this great country and under the premise of the law as a physician/scientist and through my political fortitude, service obligations and in lieu of compensatory responsibilities see this and 104.5(a)quarterly report.

In regard to subject matter and last filing it is my belief a negative impact precludes a lack of cooperation and thus is evident in this report-

Payments to Providers

Before 1983, Part A payments to providers were made on a reasonable cost basis. Medicare payments for most inpatient hospital services are now made under a reimbursement mechanism known as the prospective payment system (PPS). Under the
PPS for acute inpatient hospitals, each stay is categorized into a diagnosis-related group (DRG). Each DRG has a specific predetermined amount associated with it, which serves as the basis for payment. A number of adjustments are applied to the DRG?s specific predetermined amount to calculate the payment for each stay. In some cases the payment the hospital receives is less than the hospital?s actual cost for providing the Part A-covered inpatient hospital services for the stay; in other cases it is more. The hospital absorbs the loss or makes a profit. Certain payment adjustments exist for extraordinarily costly inpatient hospital stays and other situations. Payments for skilled nursing care, home health care, inpatient rehabilitation hospital care, long-term care hospitals, inpatient psychiatric hospitals, and hospice are made under separate prospective payment systems.? No compensation has been received for myself as well as
several component and or supplemental programs of which I support.

For non-physician Part B services, home health care is reimbursed under the same prospective payment system as Part A; most hospital outpatient services are reimbursed on a separate prospective payment system; and most payments for clinical laboratory and ambulance services are based on fee schedules. A fee schedule is a comprehensive listing of maximum fees used to pay providers. Most DME has also been paid on a fee schedule in recent years but is paid based on a
competitive bidding process in some areas beginning January 1, 2011. This competitive bidding process will be expanded to all areas within the next several years.

As one would anticipate the following years to date bring formidable change and compensatory stability-but not without hardship, loss of life and hard work. Financial stability is of course a virtuous concept and one worth striving for. Through these concepts one should hope for stronger healthcare ethics and funding. To reiterate there is no change since last filing.

My encouraged comments, last filing/amendment regarding the states of North Carolina and Colorado, play a unique role in

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